

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010793

STATE FILE NUMBER

2322

FILED MAR 30 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300

-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jennings XXXXXXX 4148		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED St Louis Little Rock		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) 5544 Hodiament Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Edwin Last Chinal			4. DATE OF DEATH Month March Day 4 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 9, 1880		9. AGE (In years birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensar Yard Clerk (retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Terminal		11. BIRTHPLACE (City and state or country) Calcutta, India	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Eugene Chinal		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Kathryn Chinal		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 497-07-4857	
17. INFORMANT Mrs. Kathryn Chinal, 5544 Hodiament Avenue		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro vascular hemorrhage, left side with rt hemiplegia Cerebro Arteriosclerosis, advanced Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 331X DUE TO (c) 331X		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 10 a.m. pm		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from March 2, 1959 to March 4, 1959 and last saw him alive on March 4, 1959 Death occurred at 1:10 pm m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Math Hermann (Degree or title) MD		22b. ADDRESS 1755 So Grand		22c. DATE SIGNED 3-5-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE March 7 1959		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Missouri		23e. NAME OF CEMETERY OR CREMATORY St. Louis County, Missouri		23f. LOCATION (City, town, or county) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Math Hermann Funeral Home, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. MAR 6 '59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed.....*Clement A. Young*

Licensed Embalmer No. *3732*

P. O. Address.....*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.